

<b>Case Number:</b>	CM13-0042358		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/03/2008
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old female sustained work related industrial injuries on April 3, 2008. The mechanism of injury involved lifting heavy items at the workplace. She subsequently complained of significant neck pain and arm pain. The injured worker was treated for chronic neck, right upper extremity pain, left arm pain and right hand numbness. The injured worker's treatment consisted of radiographic imaging, bone scan, medication, physical therapy, chiropractic treatments, and modification of activities, trigger point injections, specialty consultations and periodic follow up visits. The most recent magnetic resonance imaging (MRI) of the cervical spine performed on May 29, 2013 revealed mild to moderate cervical degenerative changes most pronounced at C5-6 and C6-7 level with evidence of nerve root compression. According to spinal consultation on September 17, 2013 recommendations were made for spine surgery. As of October 30, 2013, the injured worker was described as permanent and stationary with permanent disability. The treating physician prescribed surgery including cervical disc replacement at C5-6, anterior cervical discectomy and fusion at C6-7, and a post op bone growth stimulator. On October 2, 2013, Utilization Review evaluated the request for surgery and a post op bone growth stimulator requested on October 1, 2013. Upon review of the clinical information, UR noncertified the request for surgery which included a Cervical disc replacement at C5-6, anterior cervical discectomy and fusion at C6-7, and a post-op bone growth stimulator. The basis for the denial was that cervical disc replacement is experimental. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Post-op bone growth stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Neck, Topic: Bone Growth Stimulators.

**Decision rationale:** California MTUS does not address the post-operative use of bone growth stimulators in cervical spinal fusion. ODG guidelines were therefore used. With respect to the request for a bone growth stimulator ODG guidelines indicate its use in "high risk" patients such as smokers, patients with evidence of instability, or repair of a pseudo-arthrosis. The medical documentation does not indicate the presence of these high risk issues. In light of the above, the request for a bone growth stimulator is not medically necessary.